

Name of applicant.....

(To be completed and returned in confidence by Head of Institution or approved supervisor of a temporary registered person to the registrar Health Professions Council of Zambia)

	Tick appropriately			
	V/Good	Good	Fair	Poor
a. Knowledge of professional practice:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Awareness of patient`s safety:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Observance of professional ethics:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Work consciousness:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Maintenance of professional integrity on off duty:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Knowledge of Zambian Laws applicable to the profession.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Procedural accuracy in: i. Diagnostic skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Prescriptive skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Ability to learn: i. on the job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. from others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Attitude to: i. Patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii. Members of other profession	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii. Colleagues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv. General public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General comments.....

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I hereby declare that the information given above is true and accurate to the best of my Knowledge and I RECOMMEND/DO NOT RECOMMEND the applicant.

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FULL NAMES OF HEAD OF
INSTITUTION OR APPROVED
SUPERVISOR

.....
SIGNATURE

.....
DATE STAMP

PROFESSIONAL STATUS: **HPCZ** Full Reg. No: